

PART B - FEE(S) TRANSMITTAL

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490 7590 05/08/2007

VIDAS, ARRETT & STEINKRAUS, P.A.
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Elizabeth A. Deutsch	(Depositor's name)
<i>Elizabeth A. Deutsch</i>	(Signature)
July 11, 2007	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/719,258	12/08/2000	Friedel Frauendorf	H01.2-9587	7047

TITLE OF INVENTION: ORAL DOSAGE FORM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$0	\$0	\$700	08/08/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
LANDAU, SHARMILA GOLLAMUDI	1616	424-451000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 VIDAS, ARRETT &
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 2
 3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Meduna Arzneimittel GMBH

Isernhagen, Fed. Rep. Germany

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee
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☐ A check is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 22-0350 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date July 11, 2007

Typed or printed name Jeremy G. Laabs

Registration No. 53170

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of: Friedel Frauendorfer
Application No.: 09/719258
Filed: December 8, 2000
For: ORAL DOSAGE FORM
Examiner: Sharmila Gollamudi Landau
Group Art Unit: 1616

Mail Stop Issue Fee

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Docket No.: H01.2-9587-US01

FACSIMILE TRANSMITTAL LETTER

TO: Examiner Landau

DATE: July 11, 2007

FACSIMILE NO.: 571-273-2885

GROUP ART UNIT: 1616

TIME: 4:05 pm

TOTAL NUMBER OF PAGES (including cover letter): 3

In addition to this 1 page Facsimile Transmittal Letter, following please find Part B
- Fee Transmittal in duplicate.

Please charge the Issue Fee of \$700.00 to Deposit Account No.: 22-0350. To the
extent that any petition is required to consider this communication, please treat this as such a
petition.

Respectfully Submitted,

VIDAS, ARRETT & STEINKRAUS, P.A.

Date: July 11, 2007

By: 

Jeremy C. Laabs

Reg. No. 53170

Suite 400, 6640 Shady Oak Rd.

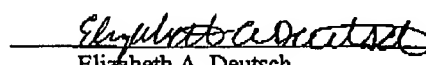
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Elizabeth A. Deutsch